



Health Interim Charge 3: Suicide Prevention and Behavioral Health Services for Persons with IDD

House Public

Interim Charge 3: Review behavioral health capacity in the state, with a focus on suicide prevention efforts and the provision of behavioral health care services to individuals with intellectual and developmental disabilities (IDD). Review suicide prevention programs and initiatives across state agencies, evaluate their effectiveness, and identify opportunities for greater coordination. Identify gaps in the continuum of care for individuals with disabilities and challenges for those providing care to them. Additionally, identify any existing administrative and licensing barriers that negatively affect overall behavioral health capacity in the state.

Overview

The Health and Human Service Commission (HHSC) has several initiatives and programs that focus on suicide prevention and behavioral health care services to individuals with IDD. Through these initiatives, we are able to reach a vulnerable population within the State of Texas and aide in finding long-term solutions that fit their needs.

Suicide Prevention Programs and Initiatives

1. National Suicide Prevention Lifeline Grant

HHSC received a two-year grant of over \$3 million from the National Suicide Prevention Lifeline's (NSPL) State Capacity Building Initiative. The grant will increase the state's capacity to provide free and confidential emotional support and services to people in suicidal crisis or emotional distress who are calling the NSPL. The purpose of this grant is to assist Texas call centers in answering more calls from residents, reducing wait times and connecting them to local treatment facilities, support, and nearby crisis or emergency service centers.

Currently, four Local Mental Health Authorities (LMHAs) contract with the NSPL to answer calls coming from within the state:

- Integral Care in Travis County;
- MHMR Tarrant in ICARE Call Center of Tarrant County;
- The Harris Center for Mental Health and Intellectual and Developmental Disabilities in Harris County; and
- Emergence Health Network in El Paso County.

HHSC's NSPL grant began in March 2020 and will receive more than \$1.5 million each year to raise the in-state answer rate for NSPL calls to 70 percent from a current in-state answer rate of approximately 31 percent. Each of the four LMHAs will be able to hire additional full-time employees to increase call answer capacity. Currently, Texans who call into the NSPL can be routed to different back-up call centers, which may be out of state. This may result in individuals or families not receiving efficient routing to local treatment, support, and longer wait times.

Recognizing the benefit of expanding crisis services across the state, the Texas Legislature appropriated funds for statewide crisis services beginning with the 80th Legislature. Most recently, the Texas Legislature appropriated funds in the 85th and 86th Legislative Sessions to expand outpatient and inpatient care for individuals in crisis. The Texas Legislature also appropriated funding from the federal mental health block grant to support LMHA capacity to respond to calls received through the Lifeline.

2. Suicide Care Initiative

Through funding awarded by the 2019 federal Mental Health Block Grant, HHSC has implemented the Suicide Care Initiative (SCI). In the field of suicide prevention, intervention, treatment, and postvention, a new term, "suicide care" has emerged. This term reflects taking a much more expansive, continuous, and trauma-sensitive approach to helping one another. HHSC's SCI aims to provide care throughout the lifespan of suicide care activities.

SCI works through LMHAs and Local Behavioral Health Authorities (LBHAs) with schools, faith-based organizations, primary care providers, and hospitals to implement a Zero Suicide framework through three collaborative projects reaching individuals at any stage in their suicide care journey. The Zero Suicide framework refers to a system-wide organizational commitment to safer suicide care in health and behavioral health care systems.

The following table lists the five LMHA pilot sites that oversee the development, implementation, and evaluation of SCI projects through the grant funding provided.

The Harris Center, Integral Care, and MHMR of Tarrant County implement all three SCI Projects. Tropical Texas Behavioral Health oversees the first two pilot projects. Together, these four LMHAs are identified as Regional Suicide Care Support Centers (RSCSCs). Each of the RSCSCs have hired a full-time staff member to coordinate the Zero Suicide framework implementation within their LMHA and throughout the LMHAs identified in their region. Emergence Health Network has been added to address the third goal of SCI.

| LMHA Pilot Site | Grant Funding Provided |
|--|------------------------|
| The Harris Center for Mental Health and IDD | \$1,629,274 |
| Integral Care | \$1,183,600 |
| MHMR of Tarrant County | \$1,466,014 |
| Tropical Texas Behavioral Health | \$954,854 |
| Emergence Health Network | \$210,000 |

The following outlines the goals of each SCI pilot project.

SCI Pilot Project #1 - Focuses on the RSCSCs to serve as regional suicide care workforce development and technical assistance lead for their assigned regions. The lead provides evidence-based/best practice suicide specific instructor trainings, as well as technical assistance via webinars and Learning Collaborative conference calls, to support implementation of the Zero Suicide initiative throughout the LMHAs within their identified region.

- During fiscal year 2020, all four RSCSCs offered an array of suicide prevention best practice trainings to LMHAs and LBHAs in their region.
 - All four RSCSCs hosted Zero Suicide Academies.
 - A total of 128 individuals participated in the academies representing 27 of the 39 LMHAs/LBHAs across the state.
 - All four RSCSCs also hosted in-person Safety Planning Intervention Training of Trainers (ToT) prior to the pandemic. These trainings resulted

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- in the certification of 113 new trainers of the Safety Planning Intervention best practice.
- ▶ ASK a Question to Save a Life ToTs were provided by two of the four RSCSCs. The two ASK trainings resulted in 118 new trainers of this best practice gatekeeper training representing 20 of the 39 LMHAs/LBHAs.
 - ▶ Applied Suicide Intervention Skills Training (ASIST) ToT was provided by the Region Three RSCSC. This training is only provided in person and only one region was able to schedule this training prior to the start of the pandemic. Twenty-three new trainers of this training were trained.
 - ▶ Counseling on Access to Lethal Means (CALM) ToT was offered only in Region Four. Sixty new trainers of CALM representing seven LMHAs were trained.
 - ▶ Collaborative Assessment and Management of Suicidality (CAMS) is one of only a few best practice treatment approaches to treating suicide directly. Training to provide this treatment was offered virtually by two of the four regions in fiscal year 2020. One hundred and three individuals representing 16 of the LMHAs received this virtual training.
 - ▶ Additionally, the RSCSCs have participated in technical assistance, including helping their support centers write implementation plans for suicide care, providing examples of their policies and procedures to their support LMHAs, and participating in Community of Learning calls regarding Zero Suicide implementation.

SCI Pilot Project #2- Focuses on enhancing suicide safer care at each of the RSCSCs through the establishment of the Zero Suicide framework and its practices. Suicide care services will be enhanced, supported, monitored, and evaluated while implementing the Zero Suicide framework for behavioral healthcare.

- During fiscal year 2020, each of the RSCSCs received a site visit from the Suicide Care Coordinator and the evaluation team from the University of Texas - Texas Institute for Excellence in Mental Health (TIEMH). The RSCSCs were provided with a thorough report outlining the proportion of standards met in each of the seven zero suicide domains (Lead, Train, Identify, Engage, Transition, Treat, and Improve). The reports also provided potential next steps for each RSCSC to focus on in the implementation process. Each center has been reporting quarterly on their individual goals toward implementation, and they are in the process of revising their implementation plans to reflect current progress for the upcoming fiscal year.

SCI Pilot Project #3 - Focuses on the enhancement and increase of hotline services at Harris Center, Integral Care, Emergence Health Network, and MHMR Tarrant to answer calls from within the state for the NSPL. Each LMHA sets a baseline for their

call rate and creates a strategy to improve sustainable NSPL increased outcomes and quality improvement. They will also hire additional staff to help manage the increased call volume.

- During fiscal year 2020, all four of the RSCSCs hired additional staff to assist with the increased call volume brought to them by the increase in NSPL calls. Two of the four RSCSCs were also able to expand the number of area codes that were routed to their call centers over the fiscal year. The call centers showed an 18.5 percent increase in NSPL calls answered over the year.

The regions are divided as follows:

- Region 1: The Harris Center for Mental Health & IDD
 - Burke, Community Healthcore, Gulf Bend Center, MHMR Authority of Brazos Valley, Spindletop Center, Texana Center, Texoma Community Center, The Gulf Coast Center, Tri-County Behavioral Healthcare
- Region 2: Integral Care
 - Andrews Center, Betty Hardwick Center, Bluebonnet Trails Community Services, Center for Life Resources, Central Counties Services, Hill Country MHDD Centers, MHMR Services for the Concho Valley, Heart of Texas Region MHMR, The Center for Health Care Services
- Region 3: MHMR Tarrant
 - Central Plains Center, Denton County MHMR, Pecan Valley Centers for Behavioral & Developmental Healthcare, Helen Farabee Center, Lakes Regional Community Center, LifePath Systems, North Texas Behavioral Health Authority, StarCare Specialty Health System, Texas Panhandle Center
- Region 4: Tropical Texas Behavioral Health
 - ACCESS, Behavioral Health Center of Nueces County, Border Region Behavioral Health Center, Camino Real Community Services, Coastal Plains Community Center, Emergence Health Network, Permiacare, West Texas Centers

3. Suicide Prevention Data Analysis and House Bill 3980

Strengthening Data Analysis

HHSC is strengthening its ability to analyze and synthesize suicide prevention data. Targeted in-house data analysis will continuously inform HHSC's next steps in administering current programs and future initiatives involving suicide prevention efforts. HHSC's Intellectual and Developmental Disability and Behavioral Health Services Department hired a full-time epidemiologist with an extensive background in suicide prevention and health data analysis.

HHSC utilizes the following data sources for analysis and informing the direction of suicide prevention programs:

- Hospital discharge data;
- Hospital emergency room data;
- Mortality data;
- Behavioral Risk Factor Surveillance System data;
- Texas Poison Control Network
- Youth Risk Behavior Survey data; and
- Veterans Administration data.

Through the work of the epidemiologist, the suicide prevention program can assist localities with ensuring a more data driven approach to community-level suicide prevention and state level programs. The epidemiologist completes analysis of Department of State Health Services (DSHS) datasets and will coordinate with DSHS on the National Violent Death Reporting System data once it becomes available.

House Bill 3980

House Bill (HB) 3980, 86th Legislature, Regular Session, 2019, established suicide as a public health crisis and required the development of a legislative report. HHSC and the Statewide Behavioral Health Coordinating Council (SBHCC) implemented HB 3980. The report will provide policy makers with a better understanding of the prevalence of suicide rates, regional needs, and populations at high risk for suicide to determine the appropriate efforts necessary to decrease suicide rates in Texas. The report addresses the impact of state laws, policies, programs, and efforts that are currently being utilized to address suicide, underscoring the need for a more strategic and comprehensive approach. HB 3980 was implemented in two phases: a summary report and a legislative report.

Summary Report¹

HHSC, with assistance from DSHS, was tasked with preparing a summary report on the prevalence of suicide in this state and state policies and programs adopted across state systems currently in place to prevent suicides. The summary report includes:

- Available statewide and regional data on the prevalence of suicide-related events;

¹ <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/suicide-prevention-texas-may-2020.pdf>

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- Identification of the highest categories of risk with correlational data;
 - State statutes, agency rules and policies related to suicide and suicide prevention, intervention, and postvention; and
 - Descriptions of state agency initiatives since 2000 to address suicide including the administering state agency and funding sources.

Each state agency or institution of higher education that is a member of the SBHCC provided HHSC any relevant information to assist in drafting the summary report. HHSC also worked with the Texas Suicide Prevention Council on the summary report which was due to the SBHCC, governor, lieutenant governor, and the speaker of the house of representatives, as well as the Health and Human Services Committee on May 1, 2020.

Legislative Report

As required by HB 3980, a stakeholder workgroup was established to assist the SBHCC to utilize the findings of the previously-published summary report and prepare the legislative report with support from HHSC as needed. This legislative report, due November 1, 2020, identifies opportunities and makes recommendations for each of the state agencies and institutions on the SBHCC regarding improving data collection for suicide-related events, using data to inform decisions and policy development relating to suicide prevention, and decreasing suicide in Texas, with an emphasis for those individuals at highest risk.

4. Resilient Youth - Safer Environments (RYSE) Grant

HHSC is in the second year of a five-year grant of over \$3 million from the SAMHSA Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Grant Program. The RYSE Grant will create comprehensive Suicide Safer Early Intervention and Prevention (SSIP) systems aimed to support youth-serving organizations, including Texas schools, mental health programs, educational institutions, juvenile justice systems, substance abuse programs, and foster care systems. The target population, youth ages 10 to 24 years at elevated risk of suicide and suicide attempts, will receive enhanced services through best practice trainings, improved suicide care in clinical early intervention, and effective programming and treatment services. With increased capacity to serve and recognize youth at risk, and enhanced infrastructure for strategy implementation, these SSIP systems will produce robust clinical and community services with collaborative networks to promote youth resiliency, recovery, and safety.

In 2017, 3,488 individuals died by suicide in Texas with 657 in the target population. Galveston County has been above the national average rate of suicide for the target population for several years. Additionally, Galveston County residents

experienced the devastation of Hurricane Harvey in August 2017 and the Santa Fe school shooting in May 2018. RYSE grant activities will begin with youth, ages 10 to 24 years, living in Galveston County, and specifically in Santa Fe, attending schools in the Santa Fe Independent School District (ISD).

The goals of the grant are to: (1) improve SSIP systems with development of a Suicide Prevention Community Collaborative to support community planning, workforce development, and oversight; (2) increase early identification and referral of youth ages 10 to 24 years at risk of suicide; (3) provide evidence-based interventions to enhance protective factors, promote mental health, and reduce suicide risk; and (4) enhance postvention strategies to reduce risk following exposure to suicide attempts or deaths in the community. Collaboration with the LMHA, Gulf Coast Center, and Educational Service Center Region 4 that serves Galveston County, will be strengthened by hiring additional subject matter experts to work for these agencies with students, their families, and staff of Santa Fe ISD.

5. Texas Site Visit-PREVENTS Task Force

On March 5, 2019, President Trump signed Executive Order 13861 for the United States to develop a comprehensive national public health roadmap for preventing suicide among veterans. A core action of this executive order was the establishment of the Veteran Wellness, Empowerment, and Suicide Prevention Task Force ("Task Force") tasked to develop the *President's Roadmap to Empower Veterans and End a National Tragedy of Suicide* (PREVENTS) by March 5, 2020.

Representatives from the Presidential PREVENTS Task Force conducted site visits with Texas and Virginia to learn about innovative work, technical components, and opportunities for suicide prevention among veterans. The Texas site visit occurred on September 24, 2019, and the following Veterans suicide initiatives were highlighted during the site visit:

- Texas Veterans + Family Alliance Grant (TV+FA);
- Mental Health Program for Veterans;
- Short-Term Action Plan to Prevent Veteran Suicides; and
- HHSC state suicide prevention infrastructure with related grants/programs.

The event was coordinated and convened through the HHSC Suicide Prevention Team and State Suicide Prevention Coordinator.

6. Texas Suicide Prevention Council

HHSC collaborates with the Texas Suicide Prevention Council (TxSPC) to advance community-based suicide prevention programs. As the conduit linking statewide community-based prevention through its 38 local coalitions, as well as other non-

profit and public-sector agencies interested in suicide prevention, TxSPC is a vital partner for statewide comprehensive suicide prevention infrastructure.

The federal Mental Health Block Grant (MHBG) requires that state suicide prevention plans be updated every three years, and the TxSPC is responsible for updating this state plan. As a broad-based membership group of statewide agencies and organizations, local university campuses, veterans' groups, and community suicide prevention coalitions, the TxSPC has agreed to periodically review, update, and implement the Texas State Plan for Suicide Prevention.

7. Short-Term Action Plan to Prevent Veteran Suicides

Senate Bill (SB) 578, 85th Legislature, Regular Session, 2017, required HHSC to submit a report on the Short-Term Action Plan to Prevent Veteran Suicides² by September 1, 2019, to the Texas Legislature and Governor. The report describes short-term statutory, administrative, and budget-related policy initiatives and reforms to be fully implemented by September 1, 2021. The Veteran Suicide Prevention Coordinator at HHSC is coordinating the tracking of implementation of the Short-Term Action Plan.

SB 578 also requires a legislative report on a long-term action plan inclusive of recommendations for statutory, administrative, and budget-related policy initiatives and reforms. This report is due to the Legislature and Governor by September 1, 2021 for full implementation by September 1, 2027. The 2021 report will build upon the results of the implementation of the short-term action plan, published in 2019, and will align with state and national efforts in veteran suicide prevention.

8. The Mental Health Program for Veterans (MHPV)

The MHPV contracts with 37 of the 39 LMHAs in Texas to provide for Peer Service Coordinators (PSCs), to provide peer support and resources to service members, veterans, and their families in Texas. These PSCs are required to maintain knowledge of suicide prevention and awareness measures, and are given opportunities to be trained in, and in some cases become trainers for, suicide prevention trainings including ASK About Suicide, Counseling on Access to Lethal Means, and the Columbia-Suicide Severity Rating Scale.

In addition to the 37 contracts above, the MHPV also contracts with the Texas Veterans Commission to provide training to the PSCs, which includes suicidal

² <https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2019/short-term-veteran-suicide-plan-report-aug-2019.pdf>

ideation identification, suicide awareness, suicide prevention methods, and resources to assist veterans struggling with suicide and suicidal ideations.

Provision of Behavioral Health Services to Individuals with IDD

1. Transition Support Teams

Individuals with IDD may have major medical, behavioral, and psychiatric needs that may keep them from living successfully in community settings. HHSC secured Money Follows the Person Demonstration Program funding to help individuals who have complex medical and behavioral needs who want to live in community-based settings get the services and supports they need. Since individuals with complex needs often require more experienced staff, HHSC has contracted with 8 Local Intellectual and Developmental Disability Authorities (LIDDAs) across Texas to provide support:

- Emergency Health Network
- StarCare Specialty Health System
- MHMR of Tarrant County
- Metrocare Services
- Austin Travis County Integral Care
- Alamo Local Authority for IDD
- Behavioral Health Center of Nueces County
- Texana Center

These 8 LIDDAs, often referred to as Hubs, provide support to the remaining 31 LIDDAs and community waiver providers in their designated service area. They also provide support to the families of the individuals being served. Support offered consists of educational activities, technical assistance, and peer reviews/case consults. The hubs often incorporate contracted licensed medical staff, such as physicians, registered nurses, psychiatrists, and psychologists, with experience working with people with IDD into their supports.

2. Crisis Intervention Services

LIDDAs offer crisis intervention services led by a Crisis Intervention Specialist (CIS). The CIS ensures individuals with IDD are receiving necessary services while in crisis. The CIS works with the Service Coordinator (SC) to identify individuals in need of crisis assistance and offers prevention strategies, training, and support services. The CIS provides consultation and collaborates with Mobile Crisis Outreach Teams (MCOT) and develops criteria for individuals being referred to crisis respite.

3. Crisis Respite

Crisis respite is short-term (up to 14 calendar days) respite for individuals with IDD that includes:

- **Out-of-Home Crisis Respite**—provision of therapeutic support in a safe and secure environment with staff on-site providing 24-hour supervision to individuals in crisis that cannot be stabilized in a less intensive setting. Out-of-home crisis respite is provided in settings overseen by the state such as an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Condition (ICF/IID), an HCS group home, a Department of State Health Services (DSHS)-authorized crisis respite facility or crisis residential facility); and
- **In-Home Crisis Respite**—provides therapeutic support to individuals in crisis in their home when it is deemed clinically appropriate for the individual to remain in their natural environment and it is anticipated the crisis can be stabilized within a 72-hour period.

4. Home and Community-Based Services Slots

HHSC released 3,368 Home and Community-based Services (HCS) waiver program slots since September 1, 2019. Approximately 66% of individuals receiving HCS services have a co-occurring behavioral health diagnosis. HCS slot releases will continue through the remainder of the 2020-2021 biennium.

5. Outpatient Psychiatric Services

Approximately 38% of individuals with IDD have a co-occurring behavioral health diagnosis. Individuals with co-occurring IDD, mental health conditions, and/or behavior support needs experience numerous transitions in care (i.e. transitions out of the home setting and into inpatient or residential facilities), often resulting from crisis situations that threaten community living arrangements.

HHSC was appropriated \$3 million for the 2020-21 biennium by the 86th Legislature to provide outpatient mental health services for individuals with IDD. The agency is directed to expend \$1.5 million in each of the two fiscal years.

HHSC used the fiscal year 2020 funds to contract with LIDDAs to establish a Learning Collaborative to advise HHSC on best practice models of services and associated outcome measures that demonstrate success providing outpatient mental health services for individuals with IDD. The best practice models developed in the Learning Collaborative and accompanying strategies to expand access to outpatient mental health services for individuals with IDD, will inform use of funds in a pilot project for an anticipated additional two to three LIDDAs in FY 2021.

As members of the Learning Collaborative, LIDDAs will identify and share best practices for delivering outpatient mental health services for individuals with IDD. The goals of the collaborative are to identify a best practice model to implement as a pilot project, develop goals and outcome measures for the project, and identify LIDDAs to participate in the project.

6. Health and Specialty Care System Initiatives

The HHSC Health and Specialty Care System (HSCS), which includes state supported living centers (SSLCs) for individuals with an intellectual disability or related conditions, as well as the state psychiatric hospitals, has several initiatives and behavioral health services for individuals with IDD, including suicide prevention.

SSLCs serve a population with complex needs. Over half of SSLC residents have been diagnosed with behavioral health needs. Further, behavioral health needs were cited as one of the top obstacles to SSLC residents being referred for community transition in 2019.

To support residents with behavioral health needs, the SSLCs are piloting an emotional regulation skills system to help residents manage their emotions and build relationships. The centers also continue to implement the Ukeru system, which reduces stress, anxiety, and trauma.

The state hospitals serve people with an intellectual disability, when there is a co-occurring psychiatric disorder. If these individuals are accused of committing certain crimes and have been committed typically as incompetent to stand trial and not likely to regain competency, the maximum-security unit at North Texas State Hospital – Vernon can provide specialized behavioral-oriented programming.

While this hospital unit traditionally has been the only option for individuals with an intellectual disability charged with certain crimes, HB 610 and SB 562 (86th Legislature, Regular Session, 2019) gave state hospitals the authority to determine the appropriate facility security level for an individual, based on clinical, safety, and programmatic needs. This clinical security review includes determining whether individuals could be directly admitted to an SSLC. In fiscal year 2020, HSCS identified seven individuals with IDD who could be admitted directly to an SSLC and waived these individuals from having to be admitted to the state hospital maximum security unit. This helps support individuals receiving the right services, in the right setting, at the right time.

Suicide Prevention

Suicide prevention efforts at the SSLCs include:

- Standardizing suicide risk assessments and responses for all SSLCs.
- Reporting credible suicide threats on the monthly basis for analysis.

The state psychiatric hospitals are accredited by The Joint Commission, which sets standards for suicide prevention. As such, the state hospitals:

- conduct environmental risk assessments,
- developed policies and procedures for counseling and follow-up care for at-risk patients at discharge, and
- use the Columbia Suicide Severity Rating Scale to assess and minimize patient risk.

The state psychiatric hospitals have also identified potential ligature risks and are working to mitigate the risk. Remediation efforts include projects funded by appropriations.

Future Opportunities

HSCS has identified several opportunities to improve behavioral health services for individuals with IDD. This topic repeatedly surfaced during stakeholder discussions on the SSLC's report to maximize resources.³ This report includes several recommendations to support behavioral health for people with IDD, both SSLC residents and other Texans.

As the SSLCs are expanding their expertise in serving people with IDD and behavioral health needs, the system has determined in some cases, a resident may be better served temporarily at a different SSLC than their home. In these cases, the system needs to be able to nimbly transfer a resident to an SSLC that will best serve them. In some cases, our system lacks this flexibility.

6. Partnerships and Collaborations

HHSC's IDD Services and HSCS developed an internal collaborative to identify and address program improvement opportunities for individuals with IDD and behavioral health diagnoses supported by both departments. Over the last year, the collaborative revised policies and procedures related to assisting individuals with transitioning out of institutions, assisted individuals with IDD in state hospitals to

³ Draft report available at <https://hhs.texas.gov/sites/default/files/documents/about-hhs/communications-events/meetings-events/draft-long-range-planning-report-sslc.pdf>

transition into the community, and identified barriers preventing individuals with IDD from transitioning successfully into the community. The group jointly provided webinars to community partners on overcoming barriers to individuals with complex needs transitioning from institutions.

HHSC also leads a Cross Systems Trauma Informed work group, which includes other state agencies receiving funding for behavioral health training or services and covers topics like suicide prevention.

The SSLCs, the state hospitals and the Texas Juvenile Justice Department established a Learning Collaborative to improve the agencies' skills and effectiveness serving people with IDD. Staff participate by sharing expertise and work to improve wellness outcomes for people with IDD and behavioral health challenges.